## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 F	Capitol, Fierre, 3D 373	
1. TITLE OF NEWSPAPER The Delmont Record 2. DATE 9.17-19		
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLIS		ANNUAL SUBSCRIPTION
weekly 52	PRI	CE \$ 35 0 + 40, 00
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE		
DUDI ICHED (Nat agentage)		
PUBLISHER (Not printers) POBOX 129 Armor SU 57313 Dougles County		
6. FULL NAME OF PUBLISHER: CHECK KOVE & FOIC FORMANCE (S)SOO		
6. FULL NAME OF PUBLISHER: Gera Yaye & Eac Emmand Olson 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and		
addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name		
and address, as well as that of each individual must be given.		
FULL NAME COMPLETE MAILING ADDRESS		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING I		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING I		
PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		
1/00/		
/VOIN	AVERAGE NO. COPIES	Transport to the property
9. EXTENT AND NATURE OF CIRCULATION	EACH	ISSUED
	ISSUED PRECEDING II MONTHS	NEAREST TO FILING DATE
A.TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	205	205
B.PAID AND/OR REQUESTED CIRCULATION		
<ol> <li>Sales through dealers and carriers, street vendors, and counter sales.</li> </ol>	15	24
Mail Subscription	11.2	ICC
(Paid and or requested)  3. Paid Electronic Copies	143	133
3. Faid Electronic Copies	0	0
C.TOTAL PAID AND/OR REQUESTED CIRCULATION	15 8	179
(Sum of 9B1, 9B2 and 9B3.)	1 1 0	1 1 1
D.FREE DISTRIBUTION  1. BY MAIL, CARRIER OR OTHER MEANS	0	0
2. SAMPLES, COMPLIMENTARY AND OTHER FREE		$\sim$
COPIES	0	
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	178	1 19
F. COPIES NOT DISTRIBUTED  1. Office use, left over, unaccounted, spoiled after printing	25	25
2. Return from News Agents	0	0
G.TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	203	204
Statement must be signed by Publisher, Business Mana	ger, or Owner in the pre	esence of a Notary Public
I swear that the statements made by me are true, correct, and complete:		
H. V OK	Pros 1116	~ <
(Signature)	1165.70.	(Title)
	Swom to before me this 17 day of Sept. , 20 9	
State of South Dakota		V 113 11
County of Day 16 /6 5	Wendy K. Willing Notary Public	
County of Douglas )	2070	
(Seal)	My commission expires: Hug. 2027	

Douglas County Publishing Inc.
P.O Box 45
Corsica, SO 57328
Daglas County

Gerri V. Olson Pres. | V. Pres. P.O. Box 208 Corsica, 50 57328

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